BIRTH NO.  BIRTH NO.  BEE. DIST. NO.  318  PRIMARY BEE. DIST. NO.  329  Registry I.No.  320  A. DATE OF COUNTY General Part I.No.  320  A. DATE OF LOUIS  A. DATE (Great, sire isseation)  A. DATE (Great, sire isseation)  Bethesda Hospital  130. USUAL OCCUPATION (Glerabiad of each descaped	1	SION OF HEALTH OF MISSOL	7 / 8 4 76 . **
1. PLACE OF DEATH  a. COUNTY  1. PLACE OF DEATH  a. STATE MISSOURI  2. USUAL RESIDENCE (Where desembed lived. It indituations and make the county of the county	SIANDAI		AIH State File No
J. PLACE OF DEATH	BIRTH NO REG. DIST. NO	. 515 PRIMARY REG. DIST.	1005 Registrar's No. 3923
b. CITY of equivale corporate limits, with a Wilder and other of the control of t	· · · · · · · · · · · · · · · · · · ·		DENCE (Where deceased lived. If institution: rasidence b
MOSPITAL OR   MOSPITAL OR   MOSPITAL   MOS	OR CL T4 - M	c. LENGTH OF C. CITY	d. Is Residence within limits of
S. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (to year)   1. 195   5   10000   1   10000   1   10000   1   1	HOSPITAL OR Bethesda Hospita	II ADDRESS	7 /-2 /
10a. USUAL OCCUPATION (cire blad of each and deadling and in the consequing most of working life, we all it relieve)  ACCOUNTANT  3a. FATHER'S NAME  3a. FATHER'S NAME  AUGUST WINSCh  13b. MOTHER'S MAIDEN NAME  AUGUST WINSCh  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Clara Kessler Maude J. Wunsch  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Maude J. Wunsch  16. SOCIAL SECURITY NO. Winsch  17. INFORMANT'S SIGNATURE OR NAME  Maude J. Wunsch	(Type or Print) K1Chard	Wunsch	
DUSTRY   MISSOURI   COUNTRY!   COUNTRY!   ACCOUNTAINT   COUNTRY!   MISSOURI   COUNTRY   MISSOURI   COUN	male 0 6. COLOR OR RACE 7. MARRIED, NEV WIDOWED, DIV	ER MARRIED. / 8. DATE OF BIRTH DRCED (Specify) NOV . 25, 188	
August Wunsch  Clara Kessler  Maude J. Wunsch  IS. WAS DECEASED EVER IN U. S. ARMED FORCEST (Yes, no. or unknown)  III yes, site war or date of service)  NO  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  ID. DISEASE OR CONDITION ORDER  ANTECEDENT CAUSES  ANTECEDENT CAUSE  ANTECEDENT CAUSE  ANTECEDENT CAUSE  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  (b) Anter of organical few underlying cause last.  Met to the above cause (a) stating few underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Orditions contributing to the death but not related to the disease or condition causing death.  Orditions contributing to the death but not related to the disease or condition causing death.  John Lion  218. ACCORNT  SUCIDE  120. PLACIFIC INJURY (see, in or abount Monicipe  121. THE (Month) (Day) (Year) (Hour)  216. TIME (Month) (Day) (Year) (Hour)  216. TIME (Month) (Day) (Year) (Hour)  217. The fow remains and the death of a course of the death of the deceased from Telephone (City, town, or township)  221. The reby certify that I attended the deceased from Telephone (Disposition)  222. DATE SIGNATURE  AND BURIAL, CREMA (24b. DATE)  AND BURIAL, CREMA (24b. DATE)  Sunset Burial Park (St. Louis County), Mo.	done during most of working life, even if retired)	DUSTRY	ity and State or Foreign Country)   12. CITIZENOF W. COUNTRY?
IS WAS DECEASED EVER IN U.S. ARMED FORCES? II. SOCIAL SECURITY NO. UNK. II. INFORMANT'S SIGNATURE OR NAME ADDRESTAND OR WAS A COUNTY NO. UNK. II. INFORMANT'S SIGNATURE OR NAME ADDRESTAND OR WAS A COUNTY NO. UNK. II. III. III. III. III. III. III. II			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such at hard follura, athenia, de. It means the dis- case, injury, or complica- tion which caused death.  19. DATE OF OPERA.  21. PARTY OCCURRED  21. HOW DID INJURY OCCUR?  15. DATE OF OPERA.  22. DATE SIGN  23. SIGNATURE  23. SIGNATURE  24. BURIAL CREMA-  10. DATE  24. LOCATION (City, town, or county)  10. GENTLAND OF OPERA.  24. LOCATION (City, town, or county)  10. STATE  24. DATE SIGN  24. LOCATION (City, town, or county)  10. STATE  10. DATE OF OPERA.  24. LOCATION (City, town, or county)  10. GENTLAND OF OPERA.  10. DATE OF OPERA.  19. DATE OF OPERA.  19. DATE OF OPERA.  19. DATE OF OPERA.  19. DATE OF OPERA.  27. (CITY, TOWN, OR TOWNSHIP)  28. (CITY, TOWN, OR TOWNSHIP)  29. DATE OF OPERA.	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC	IAL SECURITY 17. INFORMANT	
18. CAUSE OF DEATH Enter only one occurs per line for (a), (b), and (c)  This does not mean the mode of dring, such as heart failure, athenia, etc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERAN- 3/6/5/1UN  19a. DATE OF OPERAN- 1UN  21a. ACCIDENT  AND ENTERVAL BETV ONSET AND DE  DIRECTLY LEADING TO DEATH (a)  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  19a. DATE OF OPERAN- 3/6/5/1UN  21a. ACCIDENT  SUICIDE  HOMICIDE  19b. MAJOR FINDINGS OF OPERANION  21a. ACCIDENT  SUICIDE  HOMICIDE  21b. PLACE OF INJURY (c.s., is or about)  10c. It mems the distance of the death but not related to the disease or condition causing death.  21c. It mems the distance of the death but not related to the disease or condition causing death.  21a. ACCIDENT  SUICIDE  19b. MAJOR FINDINGS OF OPERANION  21a. ACCIDENT  SUICIDE  10c. INJURY (c.s., is or about)  10c. (COUNTY)		ık. Maude J. V	Junsch 4501 Tennssee
19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21b. PLACED FINJURY (s.g., in or about SUICIDE HOMICIDE  21c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME (Month) (Day) (Year) (Hour)  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY NOT WHILE WORK AT WORK  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22l. I hereby certify that I attended the deceased from Island Not while work at work of the date stated above.  22l. I hereby certify that I attended the deceased from Island Not while work at work of the date stated above.  22l. I hereby certify that I attended the deceased from Island Not will be allowed to the date stated above.  23l. SIGNATURE  (Degree or tille) 23b. ADDRESS  24l. DOTACLISE  24l. DOTACLISE  25l. DATE SIGNATURE SUPPORT S	the mode of dying, such as heart failure, asthenia, ctc. It meens the discase, injury, or complication which caused death.  Morbid conditions, if any, giving DUE ties to the above cause (a) stating the underlying cause last.  DUE	TO (c) **	sum of Panaiais 6 mil
218. ACCIDENT (Specify) 21b. PLACEDE INJURY (s.g., in or about SUICIDE HOMICIDE (Month) (Day) (Year) (Hour) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) (STATE) (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR?  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WHILE AT WHILE AT WHILE AT WHILE AT WHILE AT WORK AT WHILE AT WHILE AT WHILE AT WHILE AT WHILE AT WHILE AT WORK AT WHILE AT WHITE AT WHILE AT WHILE AT WHILE AT WHITE AT WHILE AT WHILE AT WHILE AT WHILE AT WHITE AT WHIT			Inaia   ?
SUICIDE    Home, farm, Tastory, street, office bide, see)   21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED WHILE AT WORK   21f. HOW DID INJURY OCCUR?    22. I hereby certify that I attended the deceased from   Tal 2P	ALL TION O	Mays + Deritoney	glinds val No
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR?  22f.	21a. ACCIDENT (Specify) 21b. PLACE OF INJUR SUICIDE HOMICIDE home, farm, factory, stre	Y (e.g., in or about ot. office bidg., ste.)	<i>M i i i i i i i i i i</i>
alive on	OF WHILEAT		OCCUR?
24a. BURIAL, CREMA- TION REMOVA (Proofly)  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park  St. Louis County, Mo.  (State of Cemetery Or Crematory)  Sunset Burial Park  St. Louis County, Mo.	22. I hereby certify that I attended the deceased from alive on	Tel 3P, 19 Ju, to M h occurred at 1010a m., from the	he causes and on the date stated above.
	My Seubloll M		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SOUTHERN FUNERAL DIRECTOR'S SIGNATURE ADDRESS  MAY 3 1955 Change St. Louis mo.	24s. BURIAL CREMA-   24b. DATE // 24c. NAS		
	Tigher OVa Tradis) 5-4-55 Suns	ME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) St. Louis County, Mo. (State

Dr. Max Starkloff 512 Dover Pl. F1. 3-1706

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba by me, or by ....., Student Embalmer No......,

working under my personal supervision ...

Signature of Student Embalmer

2.5

P. O. Address.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fato comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. ...

If this body is not embalmed, fact should be so stated above.